

AMENDED IN ASSEMBLY MARCH 27, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

ASSEMBLY BILL

No. 528

Introduced by Assembly Member Mullin

February 18, 2003

~~An act to amend Section 125275 of the Health and Safety Code, An act to amend Section 1569.2 of, and to add Section 1569.6 to, the Health and Safety Code, relating to Alzheimer's disease.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 528, as amended, Mullin. ~~Alzheimer's disease: diagnostic and treatment center~~ *residential care facilities for the elderly.*

Existing law provides for the licensure and regulation of residential care facilities for the elderly by the State Department of Social Services. Existing law requires the director of the department to adopt regulations for these facilities.

This bill would require the department to encourage residential care facilities for the elderly that serve Alzheimer's patients to create activities and programs that are designed to decrease the effects of sundown syndrome by creating more activities in the late afternoon and evening hours. This bill would define sundown syndrome to mean recurring confusion and increasing levels of agitation that coincide with the onset of late afternoon and early evening.

~~Existing law permits the State Department of Health Services to award grants to postsecondary higher education institutions with a medical center for the establishment of diagnostic and treatment centers for Alzheimer's disease.~~

~~Existing law provides that the functions of these centers shall be designed to serve specified purposes.~~

~~This bill would add to these purposes that of designing activities and programs adapted for the unique needs of Alzheimer's patients, including programs designed to decrease the effects of sundown syndrome, as prescribed.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 ~~SECTION 1. Section 125275 of the Health and Safety Code~~
2 ~~SECTION 1. The Legislature finds and declares the~~
3 ~~following:~~

4 ~~(a) Alzheimer's disease is a devastating disease that destroys~~
5 ~~certain vital cells of the brain, and affects more than 1,500,000~~
6 ~~Americans.~~

7 ~~(b) Alzheimer's disease and related disorders are responsible~~
8 ~~for 50 percent of all nursing home admissions and Alzheimer's~~
9 ~~disease is the fourth leading cause of death in adults.~~

10 ~~(c) Alzheimer's disease has serious emotional, financial, and~~
11 ~~social consequences for its victims and their families.~~

12 ~~(d) It is important to provide for the best quality of life for those~~
13 ~~affected by this disease by providing activities and programs that~~
14 ~~are adapted for the unique needs of Alzheimer's patients, including~~
15 ~~programs designed to decrease the effects of "sundown~~
16 ~~syndrome."~~

17 ~~SEC. 2. Section 1569.2 of the Health and Safety Code is~~
18 ~~amended to read:~~

19 ~~1569.2. As used in this chapter:~~

20 ~~(a) "Administrator" means the individual designated by the~~
21 ~~licensee to act in behalf of the licensee in the overall management~~
22 ~~of the facility. The licensee, if an individual, and the administrator~~
23 ~~may be one and the same person.~~

24 ~~(b) "Care and supervision" means the facility assumes~~
25 ~~responsibility for, or provides or promises to provide in the future,~~
26 ~~ongoing assistance with activities of daily living without which the~~
27 ~~resident's physical health, mental health, safety or welfare would~~
28 ~~be endangered. Assistance includes assistance with taking~~
29 ~~medications, money management, or personal care.~~

1 (c) “Department” means the State Department of Social
2 Services.

3 (d) “Director” means the Director of Social Services.

4 (e) “Health-related services” mean services which shall be
5 directly provided by an appropriate skilled professional, including
6 a registered nurse, licensed vocational nurse, physical therapist, or
7 occupational therapist.

8 (f) “Instrumental activities of daily living” means any of the
9 following: housework, meals, laundry, taking of medication,
10 money management, appropriate transportation, correspondence,
11 telephoning, and related tasks.

12 (g) “License” means a basic permit to operate a residential
13 care facility for the elderly.

14 (h) “Personal activities of daily living” means any of the
15 following: dressing, feeding, toileting, bathing, grooming, and
16 mobility and associated tasks.

17 (i) “Personal care” means assistance with personal activities of
18 daily living, to help provide for and maintain physical and
19 psychosocial comfort.

20 (j) “Protective supervision” means observing and assisting
21 confused residents, including persons with dementia, to safeguard
22 them against injury.

23 (k) “Residential care facility for the elderly” means a housing
24 arrangement chosen voluntarily by persons 60 years of age or over,
25 or their authorized representative, where varying levels and
26 intensities of care and supervision, protective supervision, or
27 personal care are provided, based upon their varying needs, as
28 determined in order to be admitted and to remain in the facility.
29 Persons under 60 years of age with compatible needs may be
30 allowed to be admitted or retained in a residential care facility for
31 the elderly as specified in Section 1569.316.

32 This subdivision shall be operative only until the enactment of
33 legislation implementing the three levels of care in residential care
34 facilities for the elderly pursuant to Section 1569.70.

35 (l) “Residential care facility for the elderly” means a housing
36 arrangement chosen voluntarily by persons 60 years of age or over,
37 or their authorized representative, where varying levels and
38 intensities of care and supervision, protective supervision,
39 personal care, or health-related services are provided, based upon
40 their varying needs, as determined in order to be admitted and to

1 remain in the facility. Persons under 60 years of age with
2 compatible needs may be allowed to be admitted or retained in a
3 residential care facility for the elderly as specified in Section
4 1569.316.

5 This subdivision shall become operative upon the enactment of
6 legislation implementing the three levels of care in residential care
7 facilities for the elderly pursuant to Section 1569.70.

8 (m) “*Sundown syndrome*” means recurring confusion and
9 increasing levels of agitation that coincide with the onset of late
10 afternoon and early evening.

11 (n) “Supportive services” means resources available to the
12 resident in the community which help to maintain their functional
13 ability and meet their needs as identified in the individual resident
14 assessment. Supportive services may include any of the following:
15 medical, dental, and other health care services; transportation;
16 recreational and leisure activities; social services; and counseling
17 services.

18 SEC. 3. Section 1569.6 is added to the Health and Safety
19 Code, to read:

20 1569.6. The department shall encourage residential care
21 facilities for the elderly that serve Alzheimer’s patients to create
22 activities and programs that are designed to decrease the effects
23 of sundown syndrome by creating more activities in the late
24 afternoon and evening hours.

25 is amended to read:

26 ~~125275. (a) The Legislature finds that Alzheimer’s disease,~~
27 ~~a devastating disease which destroys certain vital cells of the brain,~~
28 ~~affects more than 1,500,000 Americans. The Legislature also finds~~
29 ~~that Alzheimer’s disease and related disorders are responsible for~~
30 ~~50 percent of all nursing home admissions and that Alzheimer’s~~
31 ~~disease is the fourth leading cause of death in adults. The~~
32 ~~Legislature recognizes that the disease has serious emotional,~~
33 ~~financial, and social consequences for its victims and their~~
34 ~~families.~~

35 ~~(b) The Legislature recognizes that the cause of Alzheimer’s~~
36 ~~disease is presently unknown, and there is no established treatment~~
37 ~~which can cure, reverse, or stop the progression of Alzheimer’s~~
38 ~~disease. The Legislature also recognizes that research is the only~~
39 ~~hope for victims and families. The Legislature finds that existing~~
40 ~~diagnostic and treatment centers have improved the quality of care~~

1 available to the victims of Alzheimer's disease and increased
2 knowledge with respect to Alzheimer's disease and related
3 disorders. These centers provide clinical opportunities for
4 research and facilitate the collection of essential data regarding
5 Alzheimer's disease and related disorders, while at the same time
6 providing valuable services like information and referral,
7 counseling, and training to victims and their families. It is the
8 intent of the Legislature, in enacting this article, to encourage the
9 establishment of geographically dispersed diagnostic and
10 treatment centers for Alzheimer's disease within every
11 postsecondary higher educational institution with a medical
12 center, and to encourage research to discover the cause of, and a
13 cure for, Alzheimer's disease.

14 (c) The functions of the diagnostic and treatment centers shall
15 be designed to serve all of the following purposes:

16 (1) To provide diagnostic and treatment services and improve
17 the quality of care to victims of Alzheimer's disease.

18 (2) To increase research by faculty and students in discovering
19 the cause of, and a cure for, Alzheimer's disease.

20 (3) To provide training, monitoring, consultation, and
21 continuing education to the families of those who are affected by
22 Alzheimer's disease.

23 (4) To increase the training of health care professionals with
24 respect to Alzheimer's disease and other acquired brain
25 impairments to the extent that the centers have the requisite
26 expertise.

27 (5) To design activities and programs that are adapted for the
28 unique needs of Alzheimer's patients, including programs
29 designed to decrease the effects of "sundown syndrome" by
30 creating more activities in the late afternoon and evening hours.

31 (d) The diagnostic and treatment centers may collaborate with
32 the Statewide Resources Consultant designated pursuant to
33 Section 4364 of the Welfare and Institutions Code, to the extent
34 that the centers deem necessary in order to fulfill the functions set
35 forth in subdivision (c).